

Behavioral Health Information Technology Coordination Act of 2013

The Issue: Inadequate reimbursement for behavioral health providers in Medicare and Medicaid have resulting in significant financial challenges for behavioral health and substance use treatment providers. For example, fewer than half of behavioral health providers possess fully implemented HER systems. On average, information technology (IT) spending in behavioral health organizations represents 1.8% of total operation budgets – compared with 3.5% of total operating budgets for general health care services.

In addition to mental illness many patients often have poor general health and co-occurring health disorders. For example, a recent study by the Substance Abuse and Mental Health Services Administration (SAMHSA) points to a particularly high incidence of cancer, heart disease, diabetes and asthma among the more than 6 million Americans served by the public mental health system. Health IT is the bedrock of any effort to coordinate and integrate care for this population across all modalities of care.

The Solution: The **Behavioral Health IT Coordination Act of 2013** corrects an oversight in the HITECH Act that excluded these key providers of behavioral health and substance use treatment services from specific categories of incentive fund eligibility that would provide them with much-needed funding to enhance quality of care.

The Behavioral Health IT Coordination Act authorizes psychiatric hospitals, Community Mental Health Centers (CMHCs), clinical psychologists, and substance use treatment providers to:

- Participate in grant programs like the Regional Extension Centers and Beacon Communities under the HITECH Act
- Qualify for financial incentives for the “meaningful use” of Electronic Health Records (EHRs) through the HITECH Act’s Medicare and Medicaid reimbursement systems.

The patients/consumers served by providers referenced above are among the nation’s most underserved and overlooked populations.

Budget Offset: The Behavioral Health IT Coordination Act also includes The Safeguarding Access for Every Medicare Patient Act (The SAFE Act), H.R. 3239, introduced by Rep. Tom Marino (R-PA) in the 112 Congress.

The SAFE Act would create a system for reporting potential errors that occur when using electronic records without the threat of that information being used as an admission of guilt. It also prevents electronic records from being used as an easy source for “fishing expeditions,” while making sure that parties responsible for errors are held accountable. The proposal allows for providers who use electronic records to take remedial measures without having those actions be used to establish guilt; places time limits on the filing of lawsuits; and offers protection against libel and slander lawsuits.

The provisions of the SAFE Act are included in Section 4 of The Behavioral Health IT Coordination Act and are estimated to save over \$3 Billion over 10 years. The cost of the Behavioral Health IT Coordination Act has been estimated at \$2 Billion over 10 years. This makes the NET saving from the bill \$1 Billion over 10 years.